

Arizona Department of Revenue
Claim for Unclaimed Property - Business Claim

For assistance in the Phoenix area: (602) 364-0380 or
Outside the Phoenix area toll free: (877) 492-9957

Mail To: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix AZ 85038-9026

1. Original Owner's Name: _____ 2. Claim ID #: _____

3. Original Owner's Social Security or Tax Identification Number

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4. Original Owner's Address as reported by holder: _____

5. Mailing address (Where you would like correspondence, including payment sent)

[illegible]

Number and Street, Rural Route, and Apartment / Suite Number

[illegible]

City

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State

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Zip Code

In order to initiate a claim for this property the following information must be included:

- ☒ You must provide proof of the tax identification number such as a W-9
- ☒ You must provide verification of the address listed above in item #4
- ☒ You must provide a clear copy of claimant's official photo identification or have the claim form notarized below.

Answer each question below and provide the documentation required for each question answered yes.

☐ Yes ☐ No - This business is/was a sole proprietorship.

If the answer is yes, provide verification of your affiliation with the business such as a business license and a completed Sole Proprietorship Affidavit.

☐ Yes ☐ No - This business is a partnership.

If yes, provide proof that the mailing address in item #4 belongs to one of the partners and a copy of the partnership agreement.

☐ Yes ☐ No - This business is a corporation.

If yes, provide proof that the mailing address in item #4 belongs to the corporation, a completed Power of Attorney, Arizona Form 285 for the person claiming, indicating in section 4g the authorization to collect unclaimed property.

Declarations: I swear under penalty of perjury that statements I made on this claim form and any other statements that I made or will make during the claims process are true and correct to the best of my knowledge. Photocopies I have provided or will provide are the same as the original document. I understand that additional evidence may be needed to process my claim and that the claims processing staff may contact me in that case. ***I agree that if for any reason it is found that I am not entitled to this payment or I receive a duplicate payment, I will return the funds to the Arizona Department of Revenue within 15 days.***

7. Claimant's Name

[illegible]

Last Name

[illegible]

First

11

Initial

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Social Security Number

[illegible]

Telephone Number

Signature: _____ Date: _____

Subscribed and Affirmed before me by: _____

Notary Signature

Date _____

Notary in and for the State of _____ My Commission Expires _____

Affix Seal Here